SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 JUL -5 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000004933 (7)

1. Corporation Name

C & S CUSTOM, INC.

Principal Place of Business
RD. 4. BOX 370-A
DOVER DE 19901-1708

Mailing Address
RD. 4. BOX 370-A
DOVER DE 19901-1708

3. Date Incorporated or Qualified: 09/22/1994
3a. Date of Last Report:

4. FEI Number: 51-0324695 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has [illegible] Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 — Country: 25

2a. Mailing Address: 20
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 — Country: 30

9. Name and Address of Current Registered Agent

SHERBERT, LUCILLE M
705 RAMPART DR.
PT. ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CAREY, JOHN
STREET ADDRESS	RD. 4, BOX 370-A
CITY-ST-ZIP	DOVER DE 19901
TITLE	ST
NAME	CAREY, LOUISE
STREET ADDRESS	RD. 4, BOX 370-A
CITY-ST-ZIP	DOVER DE 19901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition; TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Carey, Pres. *John Carey, Pres.* — 6/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0174465 FP